DHFS Request for Proposal # 1597-DDES-SM

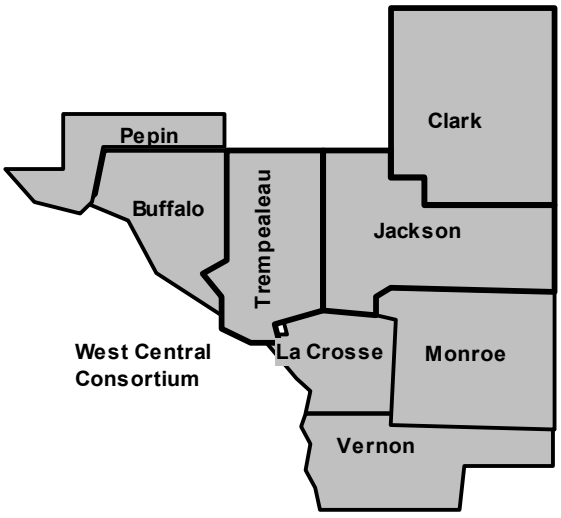
Managed Care Organization for the Delivery of Managed Long-Term Care in Buffalo, Clark, Jackson, La Crosse, Monroe Pepin, Trempealeau and Vernon Counties

Prepared for

Department of Health and Family Services

Prepared by

**West Central Consortium (WCC)
for
Long-Term Support and Health Care Reform**



Submitted: July 13, 2007

Managed Care Organization for the Delivery of Managed Long-Term Care
in
Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau and Vernon Counties

Section 2

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Acronyms Used in this Proposal

ADRC	Aging and Disability Resource Center
CMO	Care Management Organization
CMS	Centers for Medicare and Medicaid Services
DHFS	Wisconsin Department of Health and Family Services
ES	Economic Support
GHC-EC	Group Health Cooperative-Eau Claire
ICF	Intermediate Care facility
IDT	Interdisciplinary Team
IT	Information Technology
LTCD	Long-Term Care District
MOU	Memorandum of Understanding
MCO	Managed Care Organization
QI/QA	Quality Improvement/Quality Assurance
QM	Quality Management
RAD	Resource Allocation Decision
SDS	Self-Directed Supports
WCC	West Central Consortium for Long-Term Support and Health Care Reform

SECTION 2

PREFACE

The "proposer" for this RFP# 1597-DDES-SM is the West Central Consortium (WCC) for Long-Term Support and Health Care Reform, the planning consortium representing the eight participating counties listed on the face sheet of this proposal. Of that group of counties, La Crosse County has operated a Family Care Care Management Organization (CMO) serving its eligible citizens for over seven years. This is significant because prior to the projected MCO enrollment start date of January 2008, the largest county in the new Long-Term Care District (LTCD) will have 1,820 members enrolled and no wait lists. Under the WCC's proposed enrollment strategy, all waiver and wait list clients will transition into the regional MCO within two years following the beginning of enrollment in each county, nearly doubling the current CMO's membership.

In addition, the La Crosse County CMO was selected as the pilot for a May-September 2007 state/ county-funded project to develop a model business infrastructure and information systems for future Family Care MCOs, including the MCO in this proposal. The new "business model" that will be developed as a result of the MCO Business Infrastructure and Systems Project is slated to be available in the third quarter of 2007.

The new LTCD and MCO envisioned in this proposal will use this new business model to guide development of its infrastructure and systems and a resultant business plan. During this initial development and transition period, the new MCO will operate on the current state-certified La Crosse County CMO IT platform and systems.

This transitional situation necessitates the "conditional" wording in this proposal as it seeks to describe experience, capacity, solvency, etc. from two perspectives – "Existing CMO" and "Planned MCO." The seven-year track record of the existing state-certified CMO in the largest county in the proposer group and its role in the current model-design project strengthens the likelihood that the proposed new MCO will meet certification standards and succeed.

Lastly, the proposer has purposely included at the bottom of each page of this document a statement of the *core value* that guides all our efforts in providing Family Care services -- *Consumer-Centered Choice, Involvement and Outcomes*. The proposer also embraces the following "Goals for Human Service Programs and Providers", which are the guiding principles for other state programs, including but not limited to the Community Options Program:

Relationships based on caring, respect, continuity and a sense of partnership

Empowerment of client to make choices

Services tailored to meet individual needs

Physical and mental health services which help people achieve their best level of health and functioning

Enhancement of each individual's sense of self-worth and the community's recognition of his/her value.

Community and family participation with and by each individual

Tools for self-determination which support achievement of maximum self-sufficiency and independence

2.1 PROPOSER INFORMATION

2.1.1 Organization authority to enter into a risk-based contract

The WCC is an eight-county Family Care planning consortium recognized and funded in part by the Department of Health and Family Services in 2006 to plan and develop a proposal to create a regional, multi-county Family Care Program. The WCC has chosen the Long-Term Care District (LTCD) for their regional model. The LTCD, in turn, will establish a regional Managed Care Organization (MCO) to deliver long-term care services under the terms of an expanded Family Care program to be authorized upon adoption of a 2007-09 Executive Budget bill.

The eight counties named in this proposal have all passed resolutions in support of the creation of a Long-Term Care District as outlined herein, conditioned on passage of authorizing legislation and written assurances regarding each county's respective community aids withholding by the state.

[Table 2.1.1 – WCC County Resolutions]

County	County Resolution Number	Date Adopted
Buffalo	07-05-03	05/15/07
Clark	14-6-07	6/13/07
Jackson	24-5-07	05/21/07
La Crosse	21-5/07	05/17/07
Monroe	5-07-6	05/23/07
Pepin	9-07	05/16/07
Trempealeau	N/A	05/21/07
Vernon	2007-25	06/05/07

A copy of the county resolution adopted in Buffalo County, which is representative of the language contained in all WCC county resolutions, is included in MLTC-WCC-Attachment 2.1.1. Copies of all county resolutions for the WCC are available upon request.

The LTCD will be the "legal entity with authority to enter into a risk-based contract" under this proposal upon its formal establishment and recognition by the state. The regional MCO established by the LTCD will be required to meet state certification standards for Family Care MCOs.

2.1.2 Description of proposer organization

The state's planned expansion of the Family Care program as contained in Senate Bill (SB) 40 specifies the nature of the governance organizational structure under s. 46.284, Wis. Stat.

2.1.2.1 Governance and organizational structure

Planned Governing Board Design: The LTCD governing board for the regional Family Care program will consist of fourteen (14) voting members, all appointed by the eight participating county boards as follows:

- eight (8) county representatives,
- four (4) consumers or consumer representatives, consisting of older persons or persons with physical or developmental disabilities or their family members, guardians or other advocates who are representative of the MCO's proposed enrollment,
- two (2) outside directors with demonstrated knowledge and understanding of managed care business operations, and
- one (1) ex officio-without-vote member who shall be the chief executive officer of the MCO.

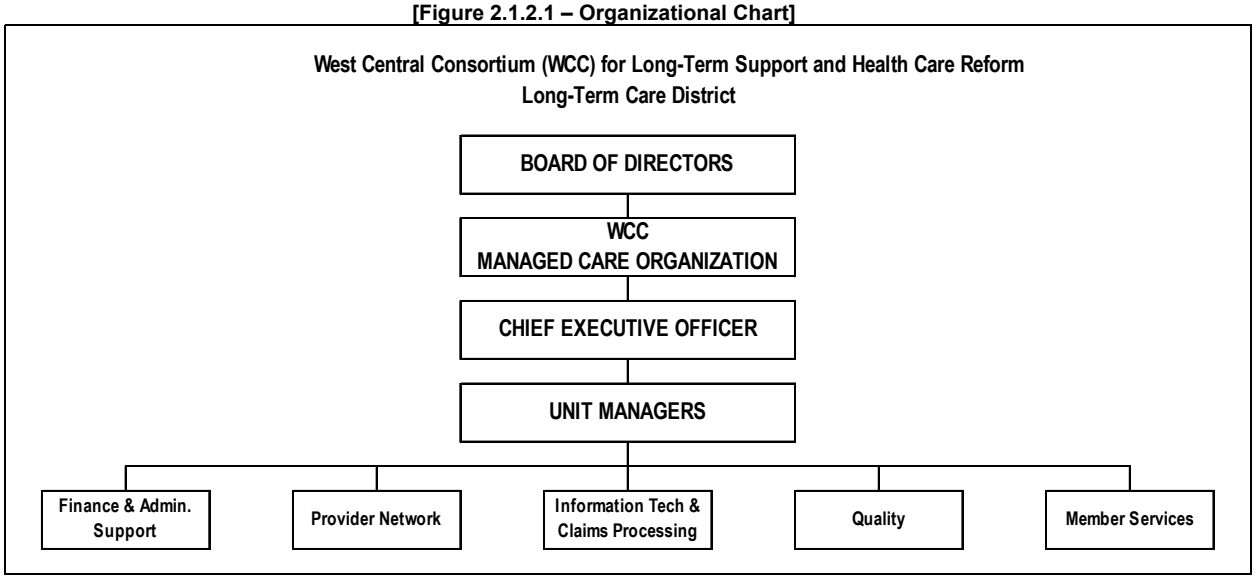
Board membership will reflect the 25% consumer representation and the ethnic/racial diversity requirements of the enabling statute (s.46.284 (6), Wis. Stat).

Lines of Authority and Operational Responsibility:

The regional MCO organization will be established by the LTCD governing board under the terms of an expanded Family Care program to be authorized upon adoption of a 2007-08 Executive Budget bill. Under the direction of the governing board, the MCO will develop and implement by-laws, articles of incorporation, and business protocols. The principal executives for the MCO, including a CEO, CFO, Quality Manager, and other key staff positions will be recruited and are expected to be in place during the start-up phase of MCO implementation.

The Board of Directors will have overall policy and fiduciary oversight responsibilities for all operations within the MCO. The Board will have full and final authority over the MCO and will establish policies to assure full accountability, prudent financial management and other key characteristic operations of an efficient and effective at-risk business organization. Please refer to the draft Organizational Chart depicted below, which illustrates the proposed lines of authority and operational responsibility.

[Figure 2.1.2.1 – Organizational Chart]



The final design of the MCO organization will flow from the report of the MCO Business Infrastructure and Systems Project slated to be available in the third quarter of 2007.

2.1.2.2 Contractual relationships

The planned MCO will be operated as an independent business enterprise with independent control over all its business operations. The MCO will not have a parent or subsidiary organization outside the state of Wisconsin.

2.1.3 Governing Board Requirements

Board membership will be constituted to meet the consumer and diversity representation requirements of s. 46.284(6), Wis. Stat. as described under section 2.1.2.1 above.

2.2 SCOPE OF PROPOSAL

2.2.1 Geographic service area

The proposed geographic service area for the regional MCO includes Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau and Vernon Counties in West Central Wisconsin, as shown on the map in MLTC-WCC-Attachment 2.2.1.

As shown in the following table (Table 2.2.1-A), the initial 8-county service area has sufficient population and sufficient potential target populations of Family Care enrollees to be above the 1,500-member threshold:

[Table 2.2.1-A Potential MCO Members by Target Group]

Population	Buffalo	Clark	Jackson	La Crosse[2]	Monroe
Elderly – Waivers	31	15	67	673	85
Elderly – Waitlist	18	16	0		44
Physically Disabled - Waivers	10	12	25	619	24
Physically Disabled - Waitlist	4	6	0		26
Developmentally Disabled - Waivers	47	132	93	528	121
Developmentally Disabled - Waitlist	8	62	24		119
Total	**118**	**243**	**209**	**1,820**	**419**

Population	Pepin	Trempealeau	Vernon	Total
Elderly – Waivers	24	136	47	1,078
Elderly – Waitlist	26	25	92	221
Physically Disabled - Waivers	14	49	28	781
Physically Disabled - Waitlist	5	15	17	73
Developmentally Disabled - Waivers	25	83	75	1,104
Developmentally Disabled - Waitlist	12	11	31	267
Total	**106**	**319**	**290**	**3,524**

SOURCES

1. Waiver and waitlist data was derived from individual county surveys conducted by the WCC project manager during the planning process (7/3/07).

2. This chart shows the La Crosse County CMO members categorized by target group. La Crosse CMO member information was taken from CMO budget projections.

3. In some cases, a factor derived from the MLTC report data released by DHFS in 10/06 was applied to total CMO, waiver or wait list numbers to categorize individuals by target group.

Future Prospects

The Department of Health and Family Services has stated its intention in a June 27, 2007 Amendment 3 to the initial RFP to "establish a process, at a future time, for adding new counties to the service areas of MCOs under contract (and) allowing existing MCOs…"

In anticipation of that process, the proposer wishes to make a matter of record its June 2007 receipt of formal requests (MLTC-WCC-Attachment 2.2.1) from Eau Claire, Pierce and St. Croix counties that their counties be considered by the LTC District and MCO proposed herein as extended-area service sites so each county can include the MCO's Family Care services as an option for eligible citizens residing in their counties at such time as a the state process is established and the LTC District Board is able to consider and define a mutually-acceptable method to make it possible.

The potential extended service members by county target group are estimated in the following Table 2.2.1-B:

[Table 2.2.1-B Potential Extended Area MCO Members by Target Group-*June 2005 Numbers*]

Population	Eau Claire	St. Croix	Pierce	Total
Elderly – Waivers	56	39	60	155
Elderly – Waitlist	11	52	8	71
Physically Disabled - Waivers	40	52	27	119
Physically Disabled - Waitlist	21	27	5	53
Developmentally Disabled - Waivers	234	133	87	454
Developmentally Disabled - Waitlist	8	63	5	76
Total	**370**	**366**	**192**	**928**

SOURCE: HSRS, Medicaid Eligibility, CMO Encounter, and Long-Term Care Functional Screen Data Sets released for long-term care expansion

The proposer acknowledges that another MCO will be submitting a proposal to operate Family Care with a service area that will include these three counties. As a result, the number of anticipated "potential extended area members" available to enroll in the WCC MCO will be less than the number shown above; however, the proposer does not anticipate any adverse effect on the WCC MCO.

2.2.2 Target populations

The regional MCO will serve all three target populations: frail elders, adults with physical disabilities and adults with developmental disabilities.

The existing La Crosse County CMO serves approximately 1,820 members, including frail elders, adults with physical disabilities, and adults with developmental disabilities. These members will be enrolled in the proposed MCO on the projected start date of January 2008.

The MCO plans to enroll persons from all target groups, starting with the Home and Community-Based Waiver population and the Wait List population. The regional MCO will explore an enrollment strategy to phase in enrollment by county.

2.2.3 Managed long-term care benefit package

The proposed MCO will begin to provide or arrange for provision of all services in the Family Care benefit package, including but not limited to, all long-term care services covered under Medicaid and under the home and community-based waiver program, on the projected start date of January 2008.

Future Prospects

The Department of Health and Family Services, in a June 27, 2007 Amendment 3 to the initial RFP, stated its intention to "establish a process, at a future time, for allowing existing MCOs to add new Family Care programs" beyond those specified in their initial proposal.

Subject to the requirements of such state processes and approval of the LTC Board and its MCO, additional program options that include acute and primary care for consumers and offer integrated care – Family Care Plus and Family Partnership – may be offered through Group Health Cooperative-Eau Claire (GHC-EC) in partnership with the MCO.

The Family Care Plus program would add all Medicaid acute and primary care services to the basic Family Care benefit package, and, the Family Care Partnership program will add Medicare-covered services. GHC-EC, a licensed HMO in the state of Wisconsin, has extensive experience in providing acute and primary care services to the Medicaid population in all eight counties in the MCO's initial service area.

Subject to LTC District Board approval, GHC-EC would enter into a Contract for Services with the DHFS to provide the Medicaid primary and acute care services and provide the Medicare services through their Medicare Advantage Special Needs Plan authority from the Centers for Medicare and Medicaid Services (CMS).

Proposer's Core Value = Consumer-Centered Choice, Involvement and Outcomes

In offering the Family Care Plus and Family Care Partnership program options, GHC would continue to focus on their core competency of the delivery of acute and primary care services and contract with the MCO for the long-term care (Family Care) services. The MCO will be the provider of long-term care services for all members in their service area regardless of the program option they may choose. GHC-EC and the MCO will work together to develop a coordinated care management effort between the two organizations (GHC-EC and the MCO) to make certain that all the care needs of the members - acute, primary and long-term care – are planned and delivered through a coordinated care team.

2.2.4 Other services or benefits provided by the proposer

At this point in time, for January 2008 enrollment, the proposed MCO does not plan to offer SSI managed care, Medicaid managed care for children and families, a Medicare special needs program, a Medicare prescription drug plan, a Medicare Advantage plan or any other health care service or plan, or the Program for All-Inclusive Care for Elders (PACE).

GHC-EC, the WCC health plan partner, is participating in the SSI managed care program and is currently or has plans to offer enrollment to eligible persons in all eight counties. The health plan also has authority for a Medicare Advantage Special Needs plan and will offer enrollment to eligible persons in the eight-county region in January 2009.

2.3 ORGANIZATIONAL CAPACITY TO IMPLEMENT MANAGED LONG-TERM CARE

Between notification that DHFS has determined that the proposed MCO likely has the potential to meet the necessary standards and the effective date of contracting, the MCO intends to complete development of an MCO implementation plan and secure the resources needed for meeting certification, including but not limited to:

1) Developing needed business systems and information technology: Completion of the May-September Business Infrastructure and Information Systems Project described under the [Planned MCO] subsection of 2.3.3.1 below will help position the proposed MCO to complete this task.

2) Planning with aging and disability resource center(s) (ADRCs) and income maintenance unit(s) to ensure efficient procedures for enrollment of persons determined eligible and who want to enroll.

3) Planning with current long-term care program(s) and providers and with individual long-term care program participants to ensure a smooth transition of responsibility and service provision to the new MCO.

4) Developing needed provider contracts to ensure provider network adequacy and capacity.

5) Developing management and staff capacity, including interdisciplinary team capacity, to provide services immediately upon enrollment to any eligible person who applies.

2.3.1 Stability and public accountability

2.3.1.1 Stability

[EXISTING CMO]

The La Crosse County CMO is required to meet the standards for state certification on an annual basis. It has remained in business for seven years as a pilot Family Care CMO and effected successful partnerships with local government entities and local stakeholders. It is the "local long-term care delivery" system in La Crosse County. The CMO presence in this region provides the planners of the new proposed MCO an actual long-term managed-care-experience perspective not available in most other areas of the state.

Proposer's Core Value = Consumer-Centered Choice, Involvement and Outcomes

[PLANNED MCO]

The proposed MCO will build upon the strengths and experience of the La Crosse County CMO to develop its internal operations and systems, as well as the knowledge gained by the La Crosse County CMO's participation in the development of a model Family Care MCO business infrastructure and information system. The resulting MCO infrastructure will ensure the management systems are in place to ensure ongoing operation. The MCO will demonstrate during the state certification process that it will have the organizational and business capacity to deliver services to its members over a long period of time.

The eight counties in the proposed MCO are dedicated to the goal of ensuring access to quality, cost-effective home and community based services for adults who need long-term care due to frailties of aging, physical disabilities or developmental disabilities.

Mission

Develop, implement and maintain a sustainable managed long-term care program that supports quality, cost-effective services for elderly and disabled adults living in our eight-county region.

Goals

- Assure that Aging and Disability Resource Center services are available throughout the region.
- Develop a single managed care entity to provide the Family Care benefit to elderly and disabled adults.
- Coordinate and develop the capacity to integrate long-term care with acute and primary care.
- Evaluate the feasibility of a regional managed care model for behavioral health services.
- Promote informed involvement by consumers and other stakeholders in the formation of a regional Family Care program.

Long-Term Care District Board for WCC

The LTCD Board policies and the practices of its MCO will comply with the cited statutory provisions including:

Section 46.2895 (6), Wis.Stats.provides: The long−term care district board shall do all of the following:

(b) Subject to sub. (8), develop and implement a personnel structure and other employment policies for employees of the long−term care district.

(c) Assure compliance with the terms of any contract with the department under sub. (4) (d) or (dm)

(d) Establish a fiscal operating year and annually adopt a budget for the long−term care district.

(e) Contract for any legal services required for the long−term care district.

(Informational Note: Section 46.2895 (8) subsection cited in (b) above, as contained in SB 40, provides retirement plan eligibility, creditable years of service, and comparable health care coverage protections for any county staff who transfer to LTCD employment.)

2.3.1.2 Accountability

[EXISTING CMO]

- *Efforts to communicate regarding your organization's performance to oversight bodies such as local long-term care councils or ADRC boards and other local advocacy organizations.*

  The CMO is accountable to and responsive to persons receiving Family Care services and the La Crosse County community in a number of ways:

  - Members of the CMO leadership team and CMO staff as appropriate regularly attend the bi-monthly meetings of the Long Term Care Council and provide updates, reports and presentations, such as the CMO quarterly appeals and grievance report. The Long-Term Care Council meetings are open to the public and its agenda and minutes are available on the County website. Meetings are announced in advance to the media.

  - The CMO reports to the La Crosse County Health and Human Services Board on a monthly basis to provide information about CMO performance. The Health and Human Services Board includes six elected members of the County Board of Supervisors and three community members. The Board's agenda and minutes are available on the County website. Its meetings are announced to the media and allow a period for public comment.

  - The CMO Advisory committee, consisting of members of the Health and Human Services Board, consumer representatives, and professionals serving the target population groups, meets quarterly to review the appeals and grievances report, receive the administrator's report, review various reports on the quality assurance program, and other subjects as appropriate. The committee also hears appeals and grievances from CMO members.

- *Efforts to provide easy access to your organization by potential members and the general public through brochures, flyers, interactive web sites or other means.*

  The CMO does not provide direct marketing to potential members. The ADRC actively promotes the managed long-term care services in the community and keeps CMO leadership informed of these activities. The CMO receives referrals from the ADRC for persons who are functionally and financially eligible. The CMO Administrator and CMO Manager have made public appearances at service clubs and on public radio to increase community awareness and understanding of Family Care.

- *Efforts to assure effective communication and interactions with other systems that may serve your members, such as Adult Protective Services, mental health and substance abuse services, school systems, vocational services and primary and acute health care systems.*

  The CMO assures effective communication and interactions with other systems that may serve its members through policies and procedures, Memorandums of Understanding (MOU) and regularly scheduled meetings to effect communications and clarification, including but not limited to:

  - DHFS-approved Critical Incident Policy outlining the purpose, definition, responsibilities and reporting process and follow up with La Crosse County Adult Protective Services (APS). A policy and procedure regarding referrals to APS for guardianship and protective placements or consultation is in place.
  - An MOU with La Crosse County Clinical Services for mental health and AODA Services such as Crisis Services, Crisis Planning and referral for services. A Clinical Services psychologist provides CMO staff with a bi-monthly education and consultation session.

- Semi-annual meetings with the La Crosse County Human Services Family and Children's section and ADRC to review and plan for the transition of children with physical or developmental disabilities into the CMO.
- Regular contacts between the CMO and the La Crosse Public School System to plan for the transition of students with physical or developmental disabilities to the CMO.
- Semi-annual meetings between the CMO and both local health care systems, either with their discharge planners and/or their care coordinator staff. Through these meetings, a process of notifying the CMO of admissions and discharges of CMO members provides enhanced communication and planning for the member's return to the community.
- The Division of Vocational Rehabilitation and other employment providers participate in the CMO Employment Workgroup. In 2007, the CMO was awarded a Pathway's employment grant, which will focus on improving supported employment options including self employment for CMO members.
- Working relationships exist with all three higher education providers in La Crosse. The CMO is an internship site for social workers and nursing students. Representatives from Viterbo University and Western Technical College participate on the CMO Advisory Committee and provide vocational expertise.

- *Your organization's willingness to be responsive to the needs of potential future enrollees who are eligible for Family Care but currently receiving inpatient treatment for mental health or substance abuse, or currently residing in nursing homes or ICFMR's.*

  The Family Care Access Plan was developed jointly by the La Crosse County Aging & Disability Resource Center (ADRC), Economic Support (ES), Enrollment Consultant and the CMO. The Access Plan was originally developed in 2000, and has been updated numerous times to reflect the changes in processes to ensure an effective and efficient enrollment system for consumers. This plan outlines the CMO's readiness to be responsive to potential future enrollees identified by the ADRC, including persons currently receiving inpatient treatment for mental health or substance abuse, residing in a nursing home or ICFMR, or in need of urgent services. Pre-enrollment consultation and planning is provided by an assigned CMO Interdisciplinary Team on a case-by-case basis, as needed and identified by the ADRC Supervisor and agreed upon by the CMO Supervisor or CMO Manager. The ADRC Supervisors meet with the CMO Leadership Team to discuss any access issues and jointly develop solutions.

- *Your organization's willingness to enter into an MOU or other written agreement with the resource centers in the service area to serve individuals who are functionally eligible and at imminent risk of harm, hospitalization or institutionalization without the services of the MCO but whose financial eligibility is pending.*

  The CMO has an MOU with La Crosse County ADRC that describes the circumstances and outlines the procedures for delivering urgent services to persons who are functionally eligible and at imminent risk of harm, hospitalization or institutionalization without the services of the CMO, but whose financial eligibility is pending.

[PLANNED MCO]

The WCC's year-long planning efforts involved 11 subcommittees with more than 80 members, augmented by input from numerous other citizens from the participating counties. The WCC made every effort to keep its organization and processes transparent, open and responsive to persons who will receive services from the proposed MCO.

The proposed MCO will build upon the strengths and experience of the La Crosse County CMO to develop and put into place the mechanisms to demonstrate accountability and responsiveness to persons who receive its services, as well as the public at large. The MCO's goal will be to develop a member services function and systems to provide easy access by potential members and the general public. The proposed MCO will also develop appropriate and effective means for

communication and interactions with other systems and the needed agreements to be responsive to and serve all persons in the service area who are functionally and financially eligible.

2.3.2 Experience in delivery of community-based long-term care services

2.3.2.1 Organizational expertise

Managed long-term care emphasizes providing long-term care services to people where they choose to live. When persons with health and long-term care needs choose to live in their own homes or other community-based settings, the MCO is responsible for developing a care plan that addresses their care and treatment needs and provides assurances for health and safety.

When people choose to reside in skilled nursing facilities or ICFMRs, those facilities are responsible for care and treatment and for addressing health and safety needs. People residing in these facilities may be enrolled in a Family Care program and receive additional care management and quality oversight from the MCO staff. The MCO will contract with licensed skilled nursing facilities that have the capacity to provide quality care in those settings.

The eight counties within the proposed LTCD have been delivering community-based long-term services and individualized consumer care management to their respective eligible populations for many years. The care managers in these counties will become a foundational part of the new regional MCO as direct or contract employees. Their considerable expertise, skills and consumer relationships will continue to serve the needs of eligible consumers in the new LCTD. Diligent planning and preparation by the WCC and its partners during 2006 and 2007 will enable a relatively seamless transition to the new MCO for consumers and staff alike.

2.3.2.2 Organizational experience in individualizing services in managed care

The La Crosse County CMO has been delivering member-centered, community-based, outcome-focused managed long-term care services and member-centered care planning to the target groups of this proposal since 2000. Over the past seven years, the CMO has developed and refined systems, policies and procedures, and training to ensure its members receive individualized services that maintain independence and choice. The CMO's process meets state certification requirements and has been evaluated and approved during each annual recertification process.

The other seven participating counties in the proposed MCO have provided long-term care services in a community-based care system since the establishment of the Community Options Program (COP) and state waiver programs. The counties bring valuable expertise with the target populations and a solid commitment to community-based long-term care.

The La Crosse County CMO has experience in converting a county human service department's long-term care operations and staff to a separate managed long-term care entity. This experience will inform the design of the new regional MCO and assist in the development of the systems, policies and procedures, and training to ensure MCO members receive individualized services that maintain independence and choice. Descriptive information about the CMO organization, programs, services and staff appears in MLTC-WCC-Attachment 2.3.2.2.

2.3.2.3 Acquiring qualified interdisciplinary care management team staff

[EXISTING CMO]

The La Crosse County CMO provides care management through a designated interdisciplinary team, which at a minimum consists of the member, a social worker and a Wisconsin-licensed registered nurse (RN). The team utilizes appropriate additional specialized expertise for the assessment, ongoing consultation and coordination efforts, including but not limited to physical therapists, occupational therapists, AODA specialists and mental health providers. The social workers and nurses involved in the interdisciplinary team have knowledge of community alternatives for the target

populations served by the CMO and the full range of long-term care resources. The CMO staff have specialized knowledge about the target populations served by the CMO.

The CMO currently has a ratio of 40 members for each Care Manager and 80 members for each RN. The other professionals described above are used on an as-needed basis.

[PLANNED MCO]

The proposed MCO will build upon the knowledge and strengths of existing CMO/long-term support staff in the partner counties. La Crosse County's experience in operating a CMO will prove especially helpful in developing a staffing plan to provide the type of quality care management needed to deliver the managed long-term care benefit to the number of members outlined in the initial business and enrollment plans. The MCO will have a distinct advantage in being able to employ or contract for interdisciplinary staff from La Crosse County who are already familiar with Family Care, as well as care management staff from other counties who will bring additional skill sets (e.g. experience in performing the Long-Term Care Functional Screen (LTCFS), which the MCO will need to administer for member recertification purposes) to the organization. The MCO also will provide training specifically on the LTCFS to all care management staff.

2.3.2.4 Interdisciplinary care management team staff training

[EXISTING CMO]

The La Crosse County CMO has developed an extensive set of training activities for all CMO staff. This training program is part of the overall comprehensive orientation program. In addition, all CMO policy and procedures are maintained electronically and are continually updated; revisions to policies and procedures are presented in team meetings.

- *Identifying Outcomes:* All staff complete the "outcome" training developed by the School of Nursing, University of Wisconsin. This training is provided on-line and is accessible to all staff.

- *Person-Centered Planning:* All staff participate in training and orientation provided by their supervisors.

- *Resource Allocation Decision (RAD):* The RAD method is utilized to determine all services provided by the CMO. All staff are trained by the CMO Manager using the state training tools. Continual monitoring of this process is achieved through ongoing supervision and review of member-centered plans.

- *Self-Direction and Self Directed Supports:* The La Crosse Human Services Department was awarded a Robert Wood Johnson Foundation grant to develop staff capability in the self-directed support area and this expertise will be shared with the seven other counties The CMO's Network Developer provides orientation for self-directed care as part of the extensive orientation for all new staff. A number of trained staff is available to assist in the development of self-directed plans for members.

- *Functional limitations and service needs of the target group:* All staff are required to participate in target group specific training. Annual training is provided for staff working with the specific disabilities. Mentoring and supervision are used on an ongoing basis to assure continued understanding of persons with disabilities and the available services. Monthly meetings are conducted for all staff to provide presentations and information about new services and programs.

- *Mental Health and Substance Abuse:* The La Crosse County CMO has created a specialized unit with emphasis on Mental Health Issues. Professionals with expertise in mental health and substance abuse provide member-specific and educational consultation on a monthly basis.

- *Interdisciplinary Teams and Range and Availability of Community-Based Long-Term Care Services and Supports:* The CMO Manager trains all interdisciplinary team staff in their roles, responsibilities, and functions on interdisciplinary teams as part of the comprehensive orientation and training, including the range and availability of the services and supports provided by managed long-term care.

- *CMO Processes and Systems:* Each staff goes through an orientation conducted by the fiscal staff and other internal systems that support the provision of member-centered care management. This training provides an explanation of the providers, prior authorization system, payment system and other internal supports.

[PLANNED MCO]

The proposed MCO will build on the best-practices experience from the La Crosse CMO care management training activities described above and from other managed care settings in Wisconsin and elsewhere and distill them into a comprehensive training program for managed long-term care. Focused action plans will ensure interdisciplinary care management teams are trained in all elements of managed long-term care, including the Long-Term Care Functional Screen (LTCFS), and will include a strong emphasis on providing long-term care services to people where they choose to live and utilizing individualized care plans that address each person's care and treatment needs, and provides assurances for their health and safety.

2.3.3 Organizational capability for managed care

The La Crosse County CMO has provided managed long-term care since 2000, successfully meeting the requirements of the State for certification each year. In 2004, the CMO responded to a state RFP that was accepted for the CMO's ongoing delivery of managed long-term care services.

2.3.3.1 Organizational experience in managed care

[EXISTING CMO]

Certification Requirement	Response
Strategic Planning	
The 3-year MCO business plan approved prior to contract effective date, including: – Timeline for providing required risk reserve, solvency requirements, and working capital (if not licensed as an HMO)	The CMO submitted a 3-year business plan annually as part of the recertification process; the most recent business plan was submitted in the fall of 2006. This submission demonstrated a plan for meeting solvency requirements during 2007; these requirements were met by December 2006 according to the audit..
Organizational design and governance: Existence of legal (contracting) entity that will carry the financial risk and be responsible for quality, including: – Governance board with membership able to provide appropriate oversight. – Organization chart w qualified and full-time CEO, CFO, and Quality Manager.	There is no governing board for the existing CMO; it is a part of the La Crosse County Human Services Department.
Documentation of how MCO will coordinate with adult protective service and counties' 51/55 systems.	The CMO has developed working memorandums of understanding with the La Crosse County Human Services Department and models for other counties for the delivery of protective services to the members of the CMO.
Evidence of consumer and other stakeholder involvement in strategic planning.	Consumers and network providers serve on committees in the areas of Quality Improvement projects, Quality committees and CMO advisory committee, and participate on other identified special projects. Strategic planning is conducted through these committees, along with a full review of all complaints and grievances that inform strategic planning.
Information/ Knowledge Management	
An information management plan that supports each business process's specific information	The CMO's current IT system provides systems for financial management such as bill paying, PM/PM enrollment information, full accrual accounting, cost share

Proposer's Core Value = Consumer-Centered Choice, Involvement and Outcomes

Certification Requirement	Response
management and information technology (IT) needs.	collections and monitoring, room and board collection and monitoring, IBNR monitoring and adjusting, care plans and service authorizations. Functional screen information is received electronically and is utilized for the development of data reports related to the members. Assessments, member-centered plans and casenoting is available electronically but is not currently stored in a data base for utilization management purposes.
Budgeting and Projections	
Initial 3-year budget approved as part of business plan.	The CMO submits a 3-year budget annually as part of the certification process using a template that meets state certification standards.
Managing Enrollment	
Approved Access Plan	The CMO works with the Economic Support unit and the ADRC to develop and implement an Access Plan that describes how the agencies will work together to assure accurate, efficient and timely eligibility determination and re-determination and enrollment in the CMO. The current Access Plan was approved as part of CMO and ADRC review.
Managing Enrollment and Capitation	
Policies and procedures to manage enrollment and capitation developed prior to implementation.	The CMO has policies and procedures in place to manage enrollment and capitation.
Care Management and Care Planning – Service Authorization –Utilization Management	
Adequate and trained care management teams in place.	The CMO hires interdisciplinary teams consisting of Wisconsin licensed registered nurses (RN) and certified social workers. The CMO has an extensive orientation and training manual for all staff, which is a combination of policy procedures and practices. Each new employee is mentored by a worker who has demonstrated competency in all areas. Supervisory oversight and staff development planning identifies areas of need for further training.
Approved Service Authorization Policy (RAD	The CMO utilizes the RAD for all member-centered decision making.
Policies and procedures for SDS in place.	Policies and procedures for self-directed supports have been submitted and approved by the state as part of the annual certification process
Appropriate interdisciplinary plans for benefit package provided are in place.	The CMO's interdisciplinary teams are responsible for the preparation of member-centered plans for each member and for periodic reviews and updates of the plan. Member-centered plans are prepared according to required timeframes to determine the appropriateness and adequacy of the services and to ensure that services furnished are consistent with the nature and severity of the member's functional level.
Member Grievances and Appeals Process	
Policies and procedures and MCO structure in place.	The CMO has a member grievance and appeal system in place that includes a process to provide assistance to members wishing to access to the DHFS grievance and appeal review process and/or the state's fair hearing process. The CMO's Member Grievance and Appeal process is submitted and approved during the annual certification process.
Service Provision – Provider Network – Contract Management – Provider Relations	
State review and certification of adequacy of service capacity prior to implementation.	The CMO has a provider network in place that demonstrates adequate capacity, including availability of qualified providers with the expertise and ability to serve its members. The provider network capacity is reviewed and approved during the annual CMO certification process.
Process for determining future provider network needs is in place.	The CMO has a formal process in place to review and analyze the CMO's provider network based on utilization and the capacity of the current providers to accommodate projected future growth of the CMO. The Network Developer coordinates service from alternative, out-of-network providers as necessary.
Have negotiated and executed cost-effective provider contracts.	The CMO has provider contracts in place that are reviewed and approved by the state during the annual certification process.
Claims Processing	
Demonstrated ability to submit acceptable encounter data.	The CMO has a claims processing system that captures and maintains encounter data; the CMO submits timely encounter data according to the requirements of the Family Care contract.
Policies and procedures to handle provider appeals.	The CMO has a policy and procedure in place to manage provider appeals. The Grievance and Appeal policy and procedures meet the annual certification requirements.

Proposer's Core Value = Consumer-Centered Choice, Involvement and Outcomes

Certification Requirement	Response
Financial Management and Reporting	
Full-time, qualified fiscal manager Ability to manage and effectively utilize sophisticated information systems.	The CMO has an experienced, full-time Financial Manager who is an accountant and utilizes information systems to effectively manage the CMO's financial functions .
Accounting policies and procedures in place, including for use of GAAP accrual accounting practices.	The CMO has accounting policies and procedures to manage the business needs of the CMO. All procedures have been submitted to the state and demonstrate the CMO uses accrual accounting practices, as further specified in the CMO's annual audit.
Cost allocation plan.	The CMO has a cost allocation plan in place. Administrative cost and all cost allocated to case management follows the state guidelines .
IBNR model developed	The CMO has an approved IBNR model.
Ability to produce financial statements that tie out to claims.	The financial systems have the ability to produce reports that tie out to multiple sources to assure accurate claims against income, cost allocations and case management.
Utilization Review	
Demonstrated ability to produce reports that clearly communicate utilization information and trends to all levels of the MCO.	The CMO produces reports illustrating utilization data in many forms, including but not limited to, SPC, provider, target group, for designated time periods. Reports are produced on an ad hoc basis, for purposes of IBNR and include regular reports to staff at all levels of the organization.
Process by which utilization information will be shared with IDTs and other parts of the MCO, and how IDTs and others will be given help in analyzing that information.	IDTs establish the cost for each member centered plan. These plans are reviewed for consistency with supervisors. Regular reports of services authorized and how to review their costs is accomplished in conversation with supervisors and other staff.
Quality Management	
QM organizational structure, including: – A senior manager with resource-deployment authority is designated as responsible for QM program. – A full time qualified professional is in place to coordinate the quality program. – QM activities have individuals or units with clearly assigned responsibility for them. – Mechanisms for active participation from consumers, staff, and others. – Must have clear operational links to and support from other functional areas.	The CMO employs a full-time, senior-level Quality Assurance Coordinator who develops and implements all QA/QI plans and projects. The QA Coordinator also participates on the CMO's management team. The QA Coordinator has an extensive background and experience in developing and implementing QA activities. The CMO's quality function is assigned to the QA Coordinator and other designated staff, including but not limited to case managers and RNs who work on QI/QA specific projects. CMO members, staff and providers actively participate in the QA/QI program, on the CMO's quality committee and are involved in all of the performance improvement projects, advisory committees, and workgroups. Members and staff also provide quality alerts related to providers and internal procedures.
DHFS- approved Quality Program/Plan, adopted by governing . board, including: – Includes annual goals based on findings from previous QM activities; – Describes quality-monitoring processes and activities; – Describes at least one performance improvement project.	The goals are listed as part of the Quality Plan submitted for certification and approval. The staff of the CMO works with the state and within guidelines to continue monitoring of processes and guidelines. The CMO's Quality Program/Plan describes performance improvement project that meets the contract requirements. For example, the CMO Identified Depression an issue for the physically disabled population. 46% pf this population has a diagnosis of depression. A team was identified to work on the project consisting of a member, case manager, RN and supervisor along with the Quality Coordinator and specialist. The team spent a significant amount of time developing the educational materials to use with the members. The members were then given the Zung Assessment tool which measures the level of depression. They then set goals based on the educational materials' follow up was done by the case manager at 21 days and quarterly. The project is in the monitoring stage before it is implemented agency wide. All of these activities are being measured against case manager time.

[PLANNED MCO]

The La Crosse County CMO was selected as the pilot for a May-September 2007 state/ county-funded project to develop a model business infrastructure and information systems for future Family Care MCOs, including the MCO in this proposal. The MCO Business Infrastructure and Systems Project will yield a template of business infrastructure and IT systems to be reviewed by the new MCO. It will be derived in significant part from an experienced contractor (The Management Group, Inc.) and subcontractor (Virchow Krause & Company) team who will provide a gap analysis of the LaCrosse County CMO's business infrastructure and systems, along with system alternatives and a short and long-term implementation roadmap. The IT template will provide information to assist in the planning to migrate from the current LaCrosse County CMO DRI information system to a system – established by the MCO, outsourced to another organization or, some combination - that can support a regional, eight- county MCO that will serve up to two times the current CMO enrollment.

The project will identify and refine critical business and program operation criteria and requirements to be met by the new MCO. The objectives are (a) to create a functional business infrastructure and information technology systems framework to ensure effective management of all aspects of the regionalized Family Care program and (b) provide a migration road map focusing on critical processes, functions and the alignment of these functions with system capabilities.

As part of the planning process, the WCC studied the core business functions for a managed care organization that could be performed by the MCO or could be contracted to an outside entity. The MCO decision grid included in MLTC-WCC-Attachment 2.3.3.1 was developed to assist the MCO in the discussion about what functions an MCO would perform and what functions would be outsourced.

2.3.3.2 Acquiring qualified business management staff

[EXISTING CMO]

Strategic Planning

The existing CMO has a Strategic Management Group, led by the CMO Administrator, comprised of the CMO Manager, Finance Manager, Network Development Coordinator, Quality Assurance Coordinator and Office Supervisor. The group meets weekly and has developed a strategic plan for the CMO and monitors performance-to-goals on an ongoing basis.

Provider Network Management

The existing CMO has an experienced Network Development Coordinator who has provided leadership in contracting the existing provider network, developing reimbursement methods, and managing provider relationships. The CMO has one backup staff position for this function. In addition, care management supervisors play a significant role in managing relations with, and monitoring performance of, major providers on an ongoing basis.

Budgeting, Accounting and Fiscal Management

The CMO has an experienced, full-time financial manager. The CMO has also employed additional qualified fiscal staff, resulting in improved performance and reporting capability.

Information Management

The CMO currently supports 1.5 FTE information technology (IT) application developers who are dedicated to major projects to upgrade IT support for CMO care management and business needs. Other IT foundation support is provided by the La Crosse County IT Department.

Claims Processing

The CMO has a staff of five claims processors who report to the claims administrator supervisor.

Quality Management

The CMO currently employs a full time Quality Assurance Coordinator and a 0.5 FTE for the quality management function. The plan is to expand this 0.5 FTE support to a full 1.0 in support of the Quality Assurance Coordinator in mid-2007 for current QM activities

Executive and Supervisory Staff to Support the Care Management Function

The CMO Administrator has over 14 years of managed care administration experience in the private sector, including experience as the former CEO of a local provider-sponsored HMO. The CMO also has a Care Management Manager, who reports to the CMO Administrator and oversees six care management units, each headed by an experienced supervisor. The CMO plans to add a care management unit and supervisor in late 2007 to meet current needs and prospective enrollment growth in 2007 in La Crosse County.

[PLANNED MCO]

The proposed MCO will develop a plan to obtain staff and other resources to ensure it has the business systems and quality management systems necessary for successful operation of the managed long-term care organization. The WCC counties and the La Crosse CMO have a diverse and talented staff from many disciplines in all business areas, from a variety of social service, medical, and business backgrounds with both public and private sector experience. The MCO will recruit or contract for experienced business management staff for each operational area of the organization.

2.3.3.3 Provider network

The proposed MCO will develop a plan to build a comprehensive network of providers that will provide its members with the range of long-term care services in the Family Care benefit package, access to prevention and wellness services, a sufficient number, mix and geographic distribution of providers and will ensure specialized expertise with the target populations. The MCO will review and build upon the existing provider networks of all WCC counties to develop the regional provider network. The WCC has identified existing providers used by each of the participating counties and has compiled extensive provider listings for all counties in the service area. The following table illustrates the proposed MCO's provider network capacity; preliminary numbers for selected broad service categories are shown.

[Table 2.3.3.3 – Number of Providers by Broad Service Category]

Service Category	Number of Providers (Preliminary Only)	Service Category	Number of Providers (Preliminary Only)
Adaptive Aids	13	Pre-Vocational	11
Adult Day Care	21	Residential – Adult Family Homes	79
Communication Aids	32	Residential – CBRF	58
Daily Living Skills	8	Residential – RCAC	22
Day Services/Treatment	9	Respite Care	24
Durable Medical Equipment	32	Self-Directed Supports	3
Home Health	21	Skilled Nursing Facility	36
Meals – Home Delivered	18	Supported Employment	14
Medical Supplies	40	Supportive Home Care	33
Mental Health/Substance Abuse Providers	58	Transportation – Community	27
Occupational/Physical Therapy	16	Transportation – SMV	35
Personal Care	41	Transportation – Volunteer	17
Personal Emergency Response Systems	7		

Comprehensive provider listings for the MCO are available upon request.

The regional MCO will assess, refine and build upon these networks to establish dependable, cost/quality-sensitive MCO provider networks to serve existing and future consumers in the new LTCD. Where service provider changes may be deemed necessary, care will be taken to assure that existing consumer-provider relationships are not prematurely disrupted without a suitable alternative in place.

The MCO will develop a method to project network capacity needs, including projected enrollment by target group by collecting data to analyze and project network needs. The MCO will research the following data to help project network capacity needs:

- Projected enrollment by target group by county
- Utilization experience by service type and by consumer target group within experienced Family Care Counties; e.g., La Crosse, Portage, Fond du Lac and Richland
- Consideration for service availability within a reasonable geographic service area
- Periodic survey to care management staff to identify provider network needs
- Pre-dominant non-English cultures within geographical service areas for consideration of cultural competency needs within provider network

The MCO will address workforce needs related to direct care workers by:

- Participating in local Direct Care Workforce Coalitions to advocate and promote direct care workforce opportunities
- Assuring a self-directed supports service model with both fiscal agent and co-employment options are available within the MCO service area
- Assuring adequate choice of supportive home care and personal care service agencies
- Establishing methods of measuring direct care worker turnover rates within provider service types
- Participating in DHFS sponsored technical assistance opportunities

The MCO will develop a network that offers specific expertise including evidence-based services for mental health and substance abuse services for persons with cognitive deficits, behavioral difficulties and brain injury. Expertise in “waiver” services such as vocational supports and respite will also be included in the provider network. The MCO will develop needed expertise with the following practices:

- The MCO will build Care Management Units that offer various expertise serving the target populations. Areas of expertise within Care Management units may include but not be limited to; treatment of mental health disorders, AODA issues, behavioral difficulties, brain injury, and vocational support planning.
- The MCO will offer the availability of certified professionals such as AODA counselors and psychologists who will consult with care management teams regarding evidence-based services that have been proven effective in treating specific physical and mental health concerns.
- The MCO will develop a specialized workforce within the provider network to meet the needs of individuals with mental health and substance abuse issues. The MCO will participate in DHFS sponsored technical assistance opportunities related to developing such a specialized workforce.
- The MCO will track needs for specialized service providers and develop new service providers as needed.
- The MCO will contract with out-of-network providers as needed to offer availability of a service which is a unique need to a specific member.

The WCC has developed a draft provider agreement and standard template that will meet all state requirements for subcontracts. The draft provider agreement is available upon request. When the letter of intent to contract with WCC is issued and the LTCD is created, the MCO will submit the contracts to be reviewed and approved and will begin the provider contracting process.

2.3.3.4 Solvency and risk

The proposed MCO will establish sound financial management practices to ensure capacity for financial solvency and stability, and the ability to assume the level of financial risk required under this program. The MCO business plan to be developed under section 2.3.3.5 below will be designed to demonstrate organizational fiscal capacity, adequate working capital, ability to maintain reserving requirements, and solvency and termination requirements, including these assurances:

- Adequate cash flow to hire staff and subcontract with providers to deliver the proposed managed long-term care benefit package specified in Section 2.2.3;
- Ability to manage fluctuation in enrollment, capitation payments and fluctuation in the cost of delivering services in the benefit package based on individual needs of members;
- Ability to meet cash reserve, risk reserve and solvency reserve requirements specified by contract within three years;
- Sufficient reserves to continue to meet the individual needs of the MCO members for a minimum of three months in the event that the managed long-term care contract is terminated; and
- Reasonable expectation of ongoing solvency.

2.3.3.5 Business plan

The MCO business plan will be developed in the fourth quarter of 2007. The business plan will build upon the current state-approved business plan for the La Crosse County CMO that was filed for CMO recertification in September 2006. The current CMO 3-year business plan contains the following minimum elements:

- Projected enrollment by target group
- Anticipated capitation rate required to provide the Family Care benefit package
- Any other anticipated revenue (e.g. Medicare payments or cost share)
- Projected staffing costs for:
  - Management and administrative staff
  - Interdisciplinary team staff to serve anticipated growth in enrollment
  - Other internal staff
- Projected cost of purchased services and supports

The 2007 La Crosse County CMO Budget Request is provided as MLTC-WCC-Attachment 2.3.3.5, and shows a summary of the CMO overall revenue, and expenses by line item for the following expense categories: case management, operating and capital expenses.

During the initial development and transition period, the new MCO will operate on the current state-certified La Crosse County CMO IT platform and systems.

As discussed in section 2.2.1 above, late in the planning process the WCC received formal requests from Eau Claire, Pierce and St. Croix counties requesting that the WCC to include their counties in the planned MCO service area. As a result, the business plan may include a cooperatively-developed component containing a proposed approach and program option(s) that meets the needs of these three counties, without disrupting the enrollment strategy or other enabling MCO services necessary to fully support implementation of Family Care expansion for the original WCC counties who constitute the proposers of this RFP.

2.4 COORDINATION WITH OUTREACH AND ACCESS SERVICES

2.4.1 Aging and disability resource centers

The WCC has closely coordinated planning for both Aging and Disability Resource Centers (ADRC) and a Managed Care Organization (MCO) for this region. In order to prepare for ADRC expansion, the WCC formed an ADRC/Aging Subcommittee to study the best way to provide resource center services in this area. This subcommittee included representatives from the human services/social services and aging units in each of the original planning consortium counties. These appointees also participated in WCC "large group" meetings comprised of the Steering Committee members, all subcommittee members, consumers and other interested parties.

Coordination between ADRC and MCO planning also was enhanced by the participation of several ADRC/Aging members on other consortium subcommittees. The Care Management, Communication/Education, Economic Support, Provider Network and Quality Management subcommittees, in particular, have received the benefit of input from resource center planners. In November, the ADRC/Aging, Care Management and Economic Support subcommittees held a joint meeting to discuss the working relationship between these units under Family Care. Finally, the project coordinator also served as a liaison between the various groups.

Since three WCC counties – Jackson, La Crosse and Trempealeau – already operate resource centers, the consortium has leaned heavily on the experience of existing ADRC staff to plan for regionalization. After exploring several options for extending these services to the other participating counties, the consortium decided to split into two multi-county planning groups. Based upon those discussions, La Crosse County plans to apply for a contract to provide ADRC services in Jackson, La Crosse, Monroe and Vernon counties, while Trempealeau County will submit an application to serve Buffalo, Pepin and Trempealeau counties. "Notices of intent to apply" for a contract to provide ADRC services in the WCC counties were submitted by La Crosse and Trempealeau counties and are included in MLTC-WCC-Attachment 2.4.1 as evidence that these organizations plan to apply to be regional ADRCs.

Clark County, which joined the consortium only recently, also has begun resource center planning, although consumers in that county likely will not begin enrolling in the MCO until January 2009 at the earliest. Clark County is seeking to join one of the two multi-county planning groups in the consortium and has recently approached Trempealeau County for consideration to join their group.

2.4 2 Eligibility and enrollment

In order to understand and prepare for the impact of Family Care expansion on income maintenance activities in each county, the WCC formed an Economic Support Subcommittee. This group includes representation from all original consortium counties; Pepin County has since appointed its economic support supervisor to this subcommittee as well. As noted above, these members participated in a joint meeting with the ADRC/Aging and Care Management subcommittees to discuss the interaction needed between agencies to determine and maintain consumer eligibility for the managed care program. Further, the economic support units in each county are supervised by the directors of the human services/social services departments that applied for and received the planning grant from DHFS.

2.5 COORDINATION WITH RELATED PROGRAMS AND SERVICES

2.5.1 Existing community-based service programs

The agencies that administer and operate waiver programs in the non-CMO West Central Consortium counties are the same entities that applied for and received the managed long-term care planning grant from DHFS. The directors of these county agencies serve on the Steering Subcommittee for the consortium, and long-term support supervisors and other staff serve on various other subcommittees.

These directors/staff have provided regular updates on long-term care reform and the consortium's progress to the relevant oversight committees in each county. In addition, the project coordinator has presented information in conjunction with the directors to the full county boards of all but Pepin County. All of the committees with waiver oversight responsibilities, as well as the full county boards, have approved a resolution supporting county participation in the formation of a long-term care district to serve the Family Care target populations.

2.5.2 Existing managed long-term care organizations

The consortium is aware of three organizations that currently offer managed long-term care services to the Medicaid, SSI and Medicare Special Needs populations in the WCC region. La Crosse County serves the first group through a Care Management Organization offering Family Care, while Group Health Cooperative of Eau Claire has begun enrolling persons in the latter two categories into SSI Managed Care and Medicare Special Needs Plans (SNP). Both of these organizations are partners in the WCC and were among the entities that applied for and received the managed long-term care planning grant from DHFS; consequently, both La Crosse County and GHC-EC are represented on the WCC's Steering Subcommittee and various other workgroups within the consortium. A third organization, Evercare, offers a SNP in five of the eight counties. A representative of this company joint WCC's e-mail distribution list midway in the process; and a notice of WCC'sRFP proposal submission intent was recently mailed to Evercare (MLTC-WCC-Attachment 2.5.2) as well.

2.5.3 Other related county-operated programs and services

The county agencies that applied to and received the managed long-term planning grant from DHFS also administer most related programs. Both Buffalo and Jackson counties operate all-inclusive health and human services departments; public health services and aging units operate independently in all other consortium counties but have been apprised of – and in many cases involved in – planning activities. Counties have involved a wide range of staff in consortium meetings. All aging unit directors have participated in ADRC/Aging and large group meetings; in addition, some aging directors have served on other subcommittees, such as Provider Network and Communication/Education. Public health staff have been invited to participate and have been represented on the Care Management, Communication/Education and Provider Network subcommittees.

County Human Services, Health and Human Services, Social Services and Unified Board staff who work specifically with adult protective services, alcohol and other drug abuse services and mental health services also have served on a variety of subcommittees, including ADRC/Aging, Care Management, Communication/ Education, Provider Network and Quality Management. Many of these programs and departments operate under the same or overlapping governance structures, and regular updates have been provided to oversight committees for the Human Services/Social Services/Unified Board/Community Services/Aging departments under whose jurisdiction these responsibilities fall.

Counties have involved both management and front-line staff in planning efforts. The directors who serve on the Steering Subcommittee also have held internal meetings to discuss long-term care reform with impacted staff who have not participated directly in consortium activities. In addition, county board members who belong to relevant oversight committees have attended various meetings.

More generally, the counties have involved other county staff at all levels and in areas in addition to those listed in the RFP. Overall, a thorough effort to inform has been the rule and not the exception.

2.5.4 Other related regional programs and services

Numerous non-county entities have participated in consortium planning efforts. Multiple representatives from AgeAdvantAge (AAA), Independent Living Resources (ILR) and area service providers have attended full consortium (large group)meetings, as well as more focused subcommittee meetings. AgeAdvantAge staff have focused primarily on ADRC/Aging activities, while ILR staff have attended ADRC/Aging, Communication/Education, Provider Network and Quality Management meetings. In

addition, numerous providers have attended large group and Provider Network meetings; approximately 30 non-county service providers are either members of the Provider Network Subcommittee or on the contact list for that group, while dozens of others have participated on service-specific workgroups or signed up for the consortium-wide distribution list.

Finally, the consortium has presented information to representatives of advocacy groups and long-term care providers at a series of community forums. While many such individuals attended Family Care Preview events targeted toward consumers in late January and early February, the consortium also scheduled forums specific to providers on May 16 in Black River Falls, May 18 in La Crosse and June 26 in Mondovi. These were used to explain the consortium's intent to create a regional Family Care program, as well as to answer questions and solicit feedback. More than 800 postcard invitations for these events were mailed to known long-term care providers for the region.

2.6 STAKEHOLDER INVOLVEMENT

2.6.1 Efforts to involve stakeholders in proposal development

The WCC sought to engage consumers and other stakeholders in planning activities on a number of different levels. Opportunities for stakeholder involvement occurred through consortium large group and subcommittee meetings; updates to local long-term care oversight committees, advocacy groups, providers and county staff; and outreach to consumers and providers through a series of "Family Care Preview" events.

The consortium began holding regular meetings in February of 2006 to educate county staff, advocates and others about Family Care, the goals of long-term care reform and planning grant requirements. These events also served as a forum to discuss the planning process and a venue for subcommittees to share status reports, ask and answer questions and receive feedback. Approximately 80 people attended at least one "large group" meeting.

Nine subcommittees formed during the summer of 2006 as a means to study various aspects of Family Care and formulate recommendations regarding implementation. Although these groups were comprised primarily of representatives from partner agencies, several subcommittees – ADRC/Aging, Care Management, Communication/Education and Provider Network, actively included non-county/GHC stakeholder members. The Provider Network Subcommittee also formed seven service-specific workgroups that included many additional stakeholders. In addition, all subcommittees held open meetings and permitted input from non-subcommittee members in attendance. More than 120 people attended one or more subcommittee meetings.

Although stakeholder presence and participation at consortium meetings was welcomed, targeted outreach to county board members, consumers and their families, advocates and providers proved a more effective method to communicate progress and solicit input. Only a limited number of stakeholders could take time to travel to consortium meeting sites, whereas the project coordinator and county staff found it much easier to attend meetings and other events held closer to and/or scheduled by pre-existing stakeholder groups.

Consortium representatives made numerous presentations to county boards and oversight committees, including long-term care councils and long-term support planning committees, which include consumer and provider representation. The project coordinator, for instance, made or participated in one or more presentations to the Buffalo, Clark, La Crosse, Monroe, Trempealeau and Vernon county boards. In addition, the project coordinator spoke to the Buffalo County Health and Human Services Committee, Jackson County Long-Term Care Council, La Crosse County Commission on Aging, La Crosse County Health and Human Services Board, La Crosse County Long-Term Care Council, Monroe County Senior Services Committee, Trempealeau County Executive/Finance Committee, Trempealeau County Long-Term Care Council and Vernon County Long-Term Support Planning Committee. In an effort to ensure consistent information was shared across county boundaries, the WCC Steering Subcommittee also

hosted a one-day retreat on March 9 in La Crosse for more than 100 county board supervisors, key staff (including aging and personnel directors), and area legislators to discuss planning efforts and share a draft resolution.

The consortium pursued several opportunities to share information and gather feedback from non-county stakeholders. The WCC achieved this interaction primarily through a series of "Family Care Preview" events targeted initially toward consumers, their families and advocates and subsequently toward long-term care providers. These events took place on/at the following dates and locations:

- January 25, 2007 in Alma (consumers);
- January 30, 2007 in Viroqua (consumers);
- January 30, 2007 in La Crosse (consumers);
- January 31, 2007 in Black River Falls (consumers);
- February 7, 2007 in Sparta (consumers);
- February 8, 2007 in Arcadia (consumers);
- April 5, 2007 in Hillsboro (consumers);
- May 16, 2007 in Black River Falls (providers);
- May 18, 2007 in La Crosse (providers);
- May 29, 2007 in Durand (consumers); and
- June 26, 2007 in Mondovi (providers).

More than 200 people attended the consumer-oriented sessions, while more than 100 individuals participated in the provider events.

In addition, the project coordinator met separately with several groups, including the Coalition of Wisconsin Aging Groups District 5; Life After School/ARC of Monroe County; Interfaith Caregivers; VARC (Vernon Area Rehabilitation Center), Inc.; Riverfront, Inc.; and regional long-term care workforce coalitions. La Crosse County Human Services Director Jerry Huber maintained ongoing communication with AFSCME regarding the consortium's intent and progress. Monroe County Human Services and Senior Services also convened a monthly long-term care redesign meeting to provide planning updates and receive stakeholder feedback.

Prior to submission of the WCC's RFP response, the consortium created an RFP Review Board comprised of board supervisors (eight total) from each participating WCC county and representatives of the Family Care target populations (three total). These persons analyzed the consortium's proposal and provided feedback prior to finalization of the submission.

Finally, in keeping with the state's desire for informed involvement, the WCC also utilized a variety of media to inform the public about long-term care reform and plans for Family Care expansion specific to this region. Communication about consortium activities took place through newspaper columns, radio interviews, a local cable access television station and the consortium's website (www.ourwcc.org). Further, a number of written materials – including Frequently Asked Questions documents for consumers, public officials, providers and county staff – were created, distributed and posted on the website to educate stakeholders about the local initiative. Meeting agendas and minutes and the draft ADRC applications and MCO RFP also were placed on the website for public review.

2.6.2 Plans for future efforts to involve stakeholders

As directed by the proposed long-term care district statutes under which the WCC intends to operate a Managed Care Organization, the consortium proposes to involve stakeholders in the governance of the new regional entity. Under the 14-member Board of Directors specified in the consortium's enabling resolution, four specifically would represent frail elders and adults with physical and/or developmental disabilities.